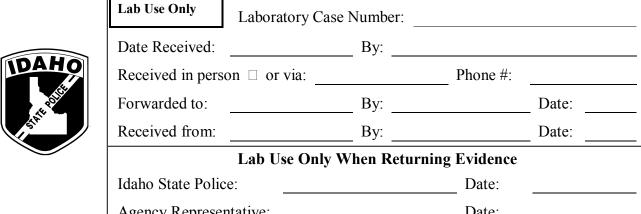
Idaho State Police, Forensic Services Evidence Submission/Receipt Form



		<u> </u>	presentativ				Jaie.	
Submitting	Agency (Do	not abbreviate)		Date of Offens	e	Ag	gency Case	e Number
County of O	Affonso		Charge		1	Court Date		
County of C	riense		Charge			Court Date		
Suspect			•		<u>'</u>			
Victim Subject	H -					_		
Suspect	Nai	me Last, First			DOB		State ID #	f (fingerprints only)
Victim						_		
Subject	Nan	me Last, First			DOB		State ID #	(fingerprints only)
Suspect Victim								
Subject	Na Na	me Last, First			DOB	_	State ID #	f (fingerprints only)
Suspect		me Last, I list			БОВ		State ID #	(migerprints omy)
Victim						_		
Subject		me Last, First			DOB		State ID #	f (fingerprints only)
Status of Case (Mark one) New		Δ	dditional	\neg	Resubmi	ittal 🗌		
	,	11011	13	uuitiviiai		IXCSUDIII		1
Investigati		1100	11	duttonar	Phone num			1
Investigati		THEW	73	duttonai	Phone num			ı
Investigati Agency Exhibit Number			Description	dutional				Type of Exam Requested (see below)
Agency Exhibit						ber		Type of Exam Requested (see below)
Agency Exhibit						ber		Type of Exam Requested (see below)
Agency Exhibit						ber		Type of Exam Requested (see below)
Agency Exhibit						ber		Type of Exam Requested (see below)
Agency Exhibit						ber		Type of Exam Requested (see below)

Type of exam: Biology (Bio), Controlled Substances (CS) or Fire Debris (FD), Firearms/Toolmarks (F/T), Fingerprints(FP), or Shoeprint/tiretracks (S/T).

Toxicology and blood alcohol sample must use toxicology submittal form.

rev. 12/06

Use this page only if necessary:

Agency Case Nu	ımber	Laborato	Laboratory Number			
Agency Exhibit Number	Exhibit Description		Location Found	Type of Exam Requested		

EH 06 09-04 rev. 12/06